

Fill in this information to identify the case:

Debtor 1 William Charles Bevan Jr.

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: District of Maryland

Case number 22-12609 LSS

Amended Claim Fifth

Official Form 410

Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Manor Care of Wheaton MD, LLC</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>William Rudow, Esquire</u> Name <u>502 Washington Avenue, Ste 730</u> Number Street <u>Baltimore</u> <u>MD</u> <u>21204</u> City State ZIP Code Contact phone <u>(410) 542-6000</u> Contact email <u>williamrudow@rudowlaw.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>19</u>	
	Filed on <u>06/19/2023</u> MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 278,267.65. Does this amount include interest or other charges?
☐ No
☒ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
 Limit disclosing information that is entitled to privacy, such as health care information.
Services Performed - Md. Code, Health General, § 19-344(c)(4)(vi) & 11 U.S. Code § 1305(a)(2)

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____

Basis for perfection: _____
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.☒ I am the creditor's attorney or authorized agent.☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 11/12/2024
MM / DD / YYYY

/S/ William M. Rudow

Signature

Print the name of the person who is completing and signing this claim:

Name William Mark Rudow, Esquire

First name

Middle name

Last name

Title _____

Company

Rudow Law Group, LLC

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

502 Washington Avenue, Ste 730

Number

Street

Baltimore

City

MD

State

21204

ZIP Code

Contact phone

(410) 542-6000Email williamrudow@rudowlaw.com

Bevan, William

Manor Care Health-Wheaton
11901 Georgia Ave.
Wheaton, MD 20902
301-942-2500

PATIENT STATEMENT**PATIENT NAME** Bevan, William**12/23/2022****RESIDENT NO.** 17483**ADMIT DATE** 7/15/2022

Date	DESCRIPTION	Charges	Payments	Balance Due
8/31/2022	Insurance Co Pay	\$ 4,480.00	\$ -	\$ 4,480.00
9/25/2022	Insurance Co Pay	\$ 2,177.96	\$ -	\$ 6,657.96
9/29/2022	Share of Cost	\$ 560.34	\$ -	\$ 7,218.30
10/1/2022	Share of Cost	\$ 2,441.90	\$ -	\$ 9,660.20
11/1/2022	Share of Cost	\$ 2,612.00	\$ -	\$ 12,272.20
12/1/2022	Share of Cost	\$ 2,612.00	\$ -	\$ 14,884.20
1/1/2023	Share of Cost	\$ 2,847.00	\$ -	\$ 17,731.20
2/1/2023	Share of Cost	\$ 2,847.00	\$ -	\$ 20,578.20
3/1/2023	Share of Cost	\$ 2,847.00	\$ -	\$ 23,425.20

Balance Due **\$ 23,425.20** **\$0.00 \$ 23,425.20**

OFFICE OF ADMINISTRATIVE HEARINGS ADMINISTRATIVE
LAW BUILDING

11101 GILROY ROAD
HUNT VALLEY, MARYLAND 21031-1301
Phone: (410) 229-4262 Fax: (410) 229-4266 MD Relay: 711

ADMINISTRATIVE LAW JUDGE'S DECISION

RESIDENT'S NAME: William Bevan

NURSING FACILITY'S NAME AND ADDRESS:

ManorCare of Wheaton, MD, LLC t/a "Promedica S. N. & R. at Wheaton" (11901 Georgia Ave, Wheaton, MD 20902)

On 3/16/23, a hearing was held at the nursing facility to determine whether the nursing facility may transfer or discharge the resident in accordance with the Annotated Code of Maryland, Health-General Article, Sections 19-345 through 19-345.2 and COMAR 10.07.09, as proposed in the nursing facility's notice of action, dated 1/30/23

FINDINGS OF FACTS

After considering all of the evidence presented at the hearing, I find the following facts by a preponderance of the evidence:

At all times relevant, the Appellant was a resident at the facility.
Procedural requirements have been satisfied and the Appellant was given an opportunity for a hearing.
By notice dated 1/30/2023, the facility proposed an involuntary discharge of the Appellant for: failure to pay.
The Appellant is capable of paying. He owes \$23,425.20 as of March 1, 2023.
(The Appellant is not being discharged because of being an MA recipient.)
William Bevan insists on being called "Dr. Bevan." He is not a credible witness. He is worried about being discharged to an unsafe place. He suggests that the facility is inadequate.
(Incorporate by reference the Facility's exhibits.)

CONCLUSIONS OF LAW AND ORDER

In accordance with my findings, I conclude, as a matter of law, that the proposed discharge or transfer meets the requirements of the Annotated Code of Maryland, Health-General Article, Sections 19-345 through 19-345.2 and COMAR 10.07.09 and the nursing facility may discharge or transfer the resident for one or more of the following reasons:

- ☐ (1) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the nursing facility;
- ☐ (2) The transfer or discharge is appropriate because the resident's health has improved sufficiently so that the resident no longer needs the services provided by the nursing facility;
- ☐ (3) The health or safety of an individual in the nursing facility is endangered;
- ☒ (4) The resident has failed, after reasonable and appropriate notice to pay for, or under Medicare or Medicaid or otherwise to have paid for, a stay at the nursing facility; or
- ☐ (5) The nursing facility has ceased to operate or, in the case of a resident who receives Medicare or Medicaid services, the nursing facility has been decertified or has withdrawn from the Medicare or Medicaid program.

Accordingly, the proposed (check one) ☒ discharge or ☐ transfer is APPROVED.

3/16/23

Date

WS, ALJ
Administrative Law Judge

OR

In accordance with my findings, I conclude, as a matter of law, that the proposed discharge or transfer does not meet the requirements of Annotated Code of Maryland, Health-General Article, Sections 19-345 through 19-345.2 and COMAR 10.07.09.

Accordingly, the proposed (check one) ☐ discharge or ☐ transfer is NOT APPROVED.

Date

Administrative Law Judge

Respondent Claim 19 Exhibit 5

APPEAL RIGHTS

This is the final decision of the Maryland Department of Health. Any party aggrieved by this decision may file a written petition for judicial review with the Circuit Court for Baltimore City, if any party resides in Baltimore City or has a principal place of business there, or with the circuit court for the county where any party resides or has a principal place of business. Md. Code Ann. Health-Gen. § 19-345.1(d)(4)(iv); Md. Code Ann., State Gov't § 10-222(c). The original petition must be filed in the circuit court within thirty (30) days of the date of this decision, with a copy to the other party or parties. Md. Rules 7-201 through 7-210. A separate petition may be filed with the court to waive filing fees and costs on the grounds of indigence. Md. Rule 1-325. The Office of Administrative Hearings is not a party to any review process.



Montcare at Wheaton
11901 Georgia Ave
Wheaton, MD 20902



Due from you: **\$14,220.00**
Payment Due: Upon Receipt
Fast & Easy at pay.zunta.com

William Bevan
11719 Devilwood Dr
Potomac, MD 20854

For Resident **WILLIAM BEVAN**
Resident # **106**
Statement # **1682**
Statement Date **Fri Sep 22, 2023**



Pay Online
pay.zunta.com
Use code: **S5J-1C8**



Pay by Phone
(877) 567-0402 Ex . 4017



Pay by Mail
Mail a Check and Include coupon.



Need Help?

Contact **Hanna** at:
(877) 567-0402 Ex . 4017
wheatonfinance@fcc-corp.com

→ **Detailed explanation of recent charges**

Date	Description	Period	Units	Rate	Charge	Credit	Balance
05/01/2023	Patient Liability/Social Security				\$2,847.00		\$2,847.00
06/01/2023	Patient Liability/Social Security				\$2,847.00		\$5,694.00
07/01/2023	Patient Liability/Social Security				\$2,842.00		\$8,536.00

Conversion Date was 6/13/23 = 43.33% of June

\$2,842 x 43.33 =

\$1,231.43

\$9,767.43

8-31-22 - 3-1-23 \$23,425.20
4-1-23 - 4-30-23 \$ 2,847.00
5-1-23 - 6-13-23 \$ 9,767.43

TAL DUE \$36,039.63

Detach this portion and return it with your payment

Please make checks payable to:

MONTCARE AT WHEATON
17 43.33 \$736.61

For Resident **WILLIAM BEVAN**

Resident # **106**

Statement # **1682**

Statement Date **Fri Sep 22, 2023**

Amount Due **\$14,220.00**

Future Care Consultants

Attn: Montcare at Wheaton
14C 53rd Street, Suite 220
Brooklyn, NY 11232

Montcare at Wheaton
11901 Georgia Ave
Wheaton MD 20902-2001
(301) 942-2500

Case 22-12609 Claim 19 Filed 11/12/24 Page 9 of 15

December 19, 2023

William Bevan
11719 Devilwood Dr
Potomac, MD 20854

RE: Bevan, William

Dear William Bevan

The above named is a resident in our nursing home under the Medicaid program. Under Medicaid, we are to collect the resident's monthly income such as Social Security, VA, Railroad Retirement, Pensions and etc., towards the resident's room and board or towards the Coinsurance of the Medicare stay, with Medicaid paying the difference.

The facility policy is that all monthly incomes are received within 5 days of your receipt of the check. We therefore encourage you to call our office so that we can change the income check to come direct deposit directly from the Pension Company or Government Agency to the facility so checks do not get lost or misplaced resulting in a delay of submission to the facility. If you choose to continue to receive the checks and submit them to facility you will receive a bill prior to the month and every 10 days thereafter as well as phone calls to ensure timely payment to the facility.

A review of our records show that we did not receive the monies due us, as listed below. Please remit a check for the amount due as listed below to our office. If you have submitted payment please disregard this letter.

If you have any questions regarding this matter, please feel free to contact me 877-567-0402 or email us at WheatonFinance@fcc-corp.com.

Thanking you in advance for your cooperation, I remain,

Sincerely yours,

Resident: Bevan, William

ID: 106

Month	Description	Billed	Paid	Balance
Jul 2023	Social Security	2,842.00	0.00	2,842.00
Aug 2023	Social Security	2,842.00	0.00	2,842.00
Sep 2023	Social Security	2,842.00	0.00	2,842.00
Oct 2023	Social Security	2,842.00	0.00	2,842.00
Nov 2023	Social Security	2,842.00	0.00	2,842.00
Dec 2023	Social Security	2,842.00	0.00	2,842.00

\$43.33 x 17

Jun 14, 30 2023	Social Security	736.61	0.00	736.61
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11 U.S. Code § 1305(a)(2)

Total	\$17,788.61
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Montcare at Wheaton

11901 Georgia Ave

Wheaton MD 20902-2001

(301) 942-2500

Case 22-12609 Claim 19 Filed 11/12/24 Page 10 of 15

January 9, 2024

William Bevan
11719 Devilwood Dr
Potomac, MD 20854

RE: Bevan, William

Dear William Bevan

The above named is a resident in our nursing home under the Medicaid program. Under Medicaid, we are to collect the resident's monthly income such as Social Security, VA, Railroad Retirement, Pensions and etc., towards the resident's room and board or towards the CoInsurance of the Medicare stay, with Medicaid paying the difference.

The facility policy is that all monthly incomes are received within 5 days of your receipt of the check. We therefore encourage you to call our office so that we can change the income check to come direct deposit directly from the Pension Company or Government Agency to the facility so checks do not get lost or misplaced resulting in a delay of submission to the facility. If you choose to continue to receive the checks and submit them to facility you will receive a bill prior to the month and every 10 days thereafter as well as phone calls to ensure timely payment to the facility.

A review of our records show that we did not receive the monies due us, as listed below. Please remit a check for the amount due as listed below to our office. If you have submitted payment please disregard this letter.

If you have any questions regarding this matter, please feel free to contact me 877-567-0402 or email us at WheatonFinance@fcc-corp.com.

Thanking you in advance for your cooperation, I remain,

Sincerely yours,

11 U.S. Code § 1305(a)(2)

Resident: Bevan, William

ID:106

Month	Description	Billed	Paid	Balance
Jan 2024	Social Security	2,936.00	0.00	2,936.00
Total Due:				2,936.00

Totals Due	\$36,039.63	8-31-22 - 6-13-23
	\$17,788.61	6-14-23 - 12-31-23
	\$ 2,936.00	1- 1-24 - 1-31-24
	\$56,764.24	

Corrected Spreadsheet Error

Rudow Law Group, LLC.**Fee Summary****Rudow Law Group**

502 Washington Avenue Suite 730, Towson, MD 21204-4525

Date:

December 19, 2023

William Bevan

HCR ManorCare Tenant

Invoice Date	Invoice Number	Amount Legal Fees	Total Bill	William Rudow	Of Counsel Paralegal
Initial - 3-18-23	19808	\$4,850.00	\$ 4,850.00	12.20	
3-19-23 - 3-26-23	19809	\$7,920.00	\$ 7,920.00	19.80	
3-27-23 - 4-7-23	19810	\$3,720.00	\$ 3,720.00	9.30	
4-8-23 - 4-22-23	19814	\$1,760.00	\$ 1,760.00	4.40	
4-23-23 - 5-1-23	19815	\$1,800.00	\$ 1,800.00	4.50	
5-2-23 - 5-18-23	19819	\$7,320.00	\$ 7,320.00	18.30	
5-19-23 - 5-26-23	19820	\$4,840.00	\$ 4,840.00	12.10	
5-27-23 - 6-13-23	19825	\$2,840.00	\$ 2,840.00	7.10	
6-14-23 - 7-6-23	19832	\$1,480.00	\$ 1,480.00	3.70	
7-7-23 - 8-3-23	19837	\$280.00	\$ 280.00	0.70	
8-4-23 - 9-6-23	19845	\$36,810.00	\$ 1,880.00	4.70	
9-7-23 - 12-19-23	19854	\$4,600.00	\$ 4,600.00	11.50	
Total:		\$78,220.00		108.30	
Case Total:		\$ -			
				Total	\$78,220.00

Thank you for your business!

502 Washington Avenue Suite 730, Towson, MD 21204-4525 (P) 410-542-6000 (F) 410-542-9500

\$ 78,220.00 Legal Fees**\$ 56,764.24 Services - 11 U.S. Code § 1305(a)(2)****\$134,984.24**

Rudow Law Group, LLC.**Corrected Spreadsheet Error
Fee Summary**

Rudow Law Group
502 Washington Avenue Suite 730, Towson, MD 21204-4525

Date: December 19, 2023

William Bevan
HCR ManorCare Tenant

Invoice Date	Invoice Number	Amount Legal Fees	Total Bill	William Rudow	Of Counsel Paralegal
Initial - 3-18-23	19808	\$4,850.00	\$ 4,850.00	12.20	
3-19-23 - 3-26-23	19809	\$7,920.00	\$ 7,920.00	19.80	
3-27-23 - 4-7-23	19810	\$3,720.00	\$ 3,720.00	9.30	
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4-23-23 - 5-1-23	19815	\$1,800.00	\$ 1,800.00	4.50	
5-2-23 - 5-18-23	19819	\$7,320.00	\$ 7,320.00	18.30	
5-19-23 - 5-26-23	19820	\$4,840.00	\$ 4,840.00	12.10	
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6-14-23 - 7-6-23	19832	\$1,480.00	\$ 1,480.00	3.70	
7-7-23 - 8-3-23	19837	\$280.00	\$ 280.00	0.70	
8-4-23 - 9-6-23	19845	\$1,880.00	\$ 1,880.00	4.70	
9-7-23 - 12-19-23	19854	\$4,600.00	\$ 4,600.00	11.50	
12-20-23 - 2-16-24	19871	\$3,040.00	\$ 3,040.00	7.60	
2-17-24 - 3-29-24	19878	\$640.00	\$ 640.00	1.60	
Total:		\$46,970.00	\$ 46,970.00	117.50	

Case Total: \$ 46,970.00

Total \$46,970.00

Thank you for your business!

502 Washington Avenue Suite 730, Towson, MD 21204-4525 (P) 410-542-6000 (F) 410-542-9500

MONTCARE AT WHEATON
11901 Georgia Ave
MD 20854-
(301) 942-2500

Amount Due	Due By	Statement Date
99,109.82	Upon Receipt	05/06/24

WILLIAM BEVAN
11719 DEVILWOOD DR
POTOMAC, MD 20854

Resident: **Bevan, William**

ID: 106

Date	Description	Period	Days/ Units	Rate	Charge	Credit	Balance
05/01/23	Patient Liability/Social Security	05/2023			2,847.00		2,847.00
06/01/23	Patient Liability/Social Security	06/2023			2,847.00		5,694.00
07/01/23	Patient Liability/Social Security	07/2023			2,842.00		8,536.00
08/01/23	Patient Liability/Social Security	08/2023			2,842.00		11,378.00
09/01/23	Patient Liability/Social Security	09/2023			2,842.00		14,220.00
10/01/23	Patient Liability/Social Security	10/2023			2,842.00		17,062.00
11/01/23	Patient Liability/Social Security	11/2023			2,842.00		19,904.00
12/01/23	Patient Liability/Social Security	12/2023			2,842.00		22,746.00
01/01/24	Room & Board	01/09/24-01/31/24	23	518.72	11,930.56		34,676.56
01/31/24	PHYSICAL THERAPY	01/11/24-01/30/24	17	6.59	111.98		34,788.54
02/01/24	Room & Board	02/01/24-02/29/24	29	518.72	15,042.88		49,831.42
02/29/24	Room & Board	01/01/24-01/03/24	3	518.72	1,556.16		51,387.58
03/01/24	Room & Board	03/01/24-03/31/24	31	518.72	16,080.32		67,467.90
04/01/24	Room & Board	04/01/24-04/30/24	30	518.72	15,561.60		83,029.50
05/01/24	Room & Board	05/01/24-05/31/24	31	518.72	16,080.32		99,109.82
Payment is Due Upon Receipt Total Due \$64,433.26 Total Due:							99,109.82

PAYMENT DUE UPON RECEIPT OF INVOICE. REFER INQUIRIES TO OUR TOLL FREE # 877-567-0402 OR EMAIL US AT
WheatonFinance@fcc-corp.com

IN ORDER TO EXPEDITE THE PROCESSING OF PAYMENTS, WE NOW OFFER THE OPTION TO PAY FOR THIS INVOICE VIA
PHONE OR BY EMAILING A PICTURE OF THE CHECK.

Totals Due	\$36,039.63	8-31-22 - 6-13-23	\$121,297.50	Services - 11 U.S.C. § 1305(a)(2)
	17,788.61	6-14-23 - 12-31-23	+ 46,970.00	Legal Fees
+ 2,936.00		1- 1-24 - 1-31-24	\$168,267.50	
\$56,764.24				
\$ 56,764.24				
+ 64,433.26		1-31-24* - 5-1-24		
\$121,297.50				

* Physical Therapy was not included in the previous invoice for 1-31-24

Please notify us as soon as available liquid funds are at \$50,000 to initiate the transition and apply for Medicaid
Eligibility

Respondent Claim 19 Exhibit 5



Fee Summary

Rudow Law Group

502 Washington Avenue Suite 730, Towson, MD 21204-4525

Date:

November 12, 2024

William Bevan

HCR ManorCare Tenant

Invoice Date	Invoice Number	Amount Legal Fees	Total Bill	William Rudow	Of Counsel Paralegal
Initial - 3-18-23	19808	\$4,850.00	\$ 4,850.00	12.20	
3-19-23 - 3-26-23	19809	\$7,920.00	\$ 7,920.00	19.80	
3-27-23 - 4-7-23	19810	\$3,720.00	\$ 3,720.00	9.30	
4-8-23 - 4-22-23	19814	\$1,760.00	\$ 1,760.00	4.40	
4-23-23 - 5-1-23	19815	\$1,800.00	\$ 1,800.00	4.50	
5-2-23 - 5-18-23	19819	\$7,320.00	\$ 7,320.00	18.30	
5-19-23 - 5-26-23	19820	\$4,840.00	\$ 4,840.00	12.10	
5-27-23 - 6-13-23	19825	\$2,840.00	\$ 2,840.00	7.10	
6-14-23 - 7-6-23	19832	\$1,480.00	\$ 1,480.00	3.70	
7-7-23 - 8-3-23	19837	\$280.00	\$ 280.00	0.70	
8-4-23 - 9-6-23	19845	\$1,880.00	\$ 1,880.00	4.70	
9-7-23 - 12-19-23	19854	\$4,600.00	\$ 4,600.00	11.50	
12-20-23 - 2-16-24	19871	\$3,040.00	\$ 3,040.00	7.60	
2-17-24 - 3-29-24	19878	\$640.00	\$ 640.00	1.60	
3-30-24 - 7-31-24	19913	\$4,000.00	\$ 4,000.00	10.00	
8-1-24 - 11-12-24	19949	\$3,040.00	\$ 3,040.00	7.60	
Total:		\$54,010.00	\$ 54,010.00	93.80	
Case Total:		\$ 54,010.00			
			Total	\$54,010.00	

Thank you for your business!
502 Washington Avenue Suite 730, Towson, MD 21204-4525 (P) 410-542-6000 (F)410-542-9500

MONTCARE AT WHEATON
 11901 Georgia Ave
 MD 20854-
 (301) 942-2500

Amount Due	Due By	Statement Date
	Upon Receipt	11/12/24

	\$168,267.50	8-31-22 - 05-01-24 Room & Board + Legal Fees
WILLIAM BEVAN	\$102,960.15	5-02-24 - 11-30-24 Room & Board
11719 DEVILWOOD DR		
POTOMAC, MD 20854	\$ 7,040.00	3-30-24 - 11-12-24 Legal Fees
	<u>\$278,267.65</u>	

Resident: **Bevan, William**

ID: 106

Date	Description	Period	Days/ Units	Rate	Charge	Credit	Balance
06/01/24	Room & Board	06/01/24-06/30/24	30	518.72	15,561.60		
07/01/24	Room & Board	07/01/24-07/31/24	31	518.72	16,080.32		
08/01/24	Room & Board	08/01/24-08/31/24	31	518.72	16,080.32		
09/01/24	Room & Board	09/01/24-09/30/24	30	607.01	18,210.30		
10/01/24	Room & Board	10/01/24-10/31/24	31	607.01	18,817.31		
11/01/24	Room & Board	11/01/24-11/30/24	30	607.01	18,210.30		
Payment is Due Upon Receipt					102,960.15	Total Due:	

PAYMENT DUE UPON RECEIPT OF INVOICE. REFER INQUIRIES TO OUR TOLL FREE # 877-567-0402 OR EMAIL US AT
 WheatonFinance@fcc-corp.com

IN ORDER TO EXPEDITE THE PROCESSING OF PAYMENTS, WE NOW OFFER THE OPTION TO PAY FOR THIS INVOICE VIA
 PHONE OR BY EMAILING A PICTURE OF THE CHECK.

Please notify us as soon as available liquid funds are at \$50,000 to initiate the transition and apply for Medicaid
 Eligibility

Respondent Claim 19 Exhibit 5